Field	Lease		Well Completion No		Reservoir Name	Operator Name & Address	
API#		Date of Test				†	
			Test	Da	ta		
Shut-in Time		Bottom Hole Temperature		KB Elevation		Shut-in Tubing Pressure	
Product (Oil or Gas)		Test Number (1,2,)		THF Elevation to sea level		Perforations	
	Botto	omhole	Pressure	Ро	ints (Attach any	/ addition	al points)
Measured Depth		True Vertical Depth		Pressure			Pressure Gradient
NY CONT	ACT:				PHON	F NO	

Paperwork Reduction Act of 1995 Statement (PRA). This document is intended only to provide guidance on the minimum information reporting of Bottomhole Pressure Survey Results as required by 30 CFR 250.1104. The Office of Management and Budget (OMB) has approved this information collection requirement under OMB control number 1010-0041 for the 30 CFR, subpart K regulations. However, this reporting "format" is not an approved form under the PRA and you are not required to use this form.

REMARKS: _____